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## CENTRAL INTELLIGENCE AGENCY

## INFORMATION REPORT

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### The Training of Doctors

1. Medical studies have undergone a steady evolution since 1945, at which time they were still based on the pre-war curriculum. The system of recruiting medical students underwent similar changes. In June 1953 the situation was as set forth in the following paragraphs.
2. Medical studies take place at medical colleges (akademje medyczne) and last for five years. After the completion of the Six-Year Plan medical studies are to be extended to seven years and every doctor will have to make a more detailed study of some particular speciality.
3. There are at present ten medical colleges: Warsaw, Krakow, Poznan, Wroclaw (Breslau), Gdansk (Danzig), Szczecin (Stettin), Rokitnica, Bialystok, Lublin, and Lodz. The average number of doctors graduating from a medical college every year is about ninety, so that the total yield of all the medical colleges is about 900 new doctors per year.
4. The following compulsory subjects have been added to the pre-war curriculum:
  - a. Poland and the Contemporary World (2 hours in the XIIth, XIVth and XVth trimesters).
  - b. Medical Military Preparedness (2 hours in the XIVth and XVth trimesters).
  - c. A foreign language (Russian, English) (Junior course from the second year of study onwards).
5. Other new features in medical study include:
  - a. The introduction of "lecture discipline".
  - b. Change in the duration of terms, from trimesters to semesters.

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- c. Introduction of summer vacation "practical postings" to industrial establishments.
  - d. Abolition of the compulsory "stage" before a doctor is granted the right to practice.
  - e. Difficulties put in the way of those wishing to study for a scientific degree.
  - f. Official posting to a job after a graduate doctor has obtained his diploma.
  - g. The compulsory passing of examinations set by the Ministry of Health at a definite date.
6. Apart from the ability and diligence of the student, his level of medical knowledge depends on the college where he did his studies, or, to be more exact, on the professors holding the various chairs. It is generally thought that the Warsaw, Krakow, and Poznan medical colleges are the best. They are colleges which were created from the former medical faculties of the old universities and whose chairs are held by individuals appointed by pre-war standards.
7. It is difficult to compare the stock of knowledge acquired by a young doctor before the war with that of a doctor graduating today, if only because the first category is not available. Such a study would be a comparison between two doctors separated from each other by a space of 14 years. It is obvious that no objective conclusions can be reached under such circumstances. A doctor who completed his studies before the war has acquired 14 years' experience and also is bound to remember the "good old times". A young doctor graduating at present must of necessity cover more ground, i.e. all the knowledge which has accumulated during these 14 years. Naturally, in our attempts at assessing the present-day young doctors, we shall come across some political caution if not prejudice. Again much would depend on the person making the comparison. A doctor is likely to lack objectivity and to be prejudiced in favor of his category, or, if suffering from an inferiority complex, to tend to overestimate his more experienced colleagues. A pre-war professor or "docent" (assistant lecturer) is likely to exaggerate conditions prevailing at a time when he was 14 years younger and lived in comparative comfort and freedom.

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To generalize and say that the standard of education of young doctors has been lowered is an over-simplification, which might easily give a shock to a great many, were they to visit Poland.

9. There are, however, certain features which have an adverse effect on the professional development of the medical student in present-day Poland; and they are as follows:
- a. Candidates admitted to medical studies are selected not in accordance with their real abilities and vocational bent but in accordance with a political criterion.
  - b. Medical students must devote much time to political courses, attendance at which is obligatory if they wish to take their diploma.
  - c. A student is taken away from study (apart from lectures) to do so-called "social work". This means political meetings, mass meetings, the writing of

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- papers (referaty) etc. It is impossible to get out of performing these "duties", owing to reprisals evoked (up to unconditional expulsion from the college).
- d. Students are forced to pass various examinations at set dates, which are imposed upon them artificially. So, for example, a student may suddenly be told that he must pass his examination in this or that subject in three weeks' time.
  - e. A student knows that after graduation and after obtaining his diploma he will not have to face professional competition - and it is well known that competition is a tremendous stimulus for perfecting the individual's knowledge. The graduates know that, whatever they may wish for, they will be directed to a job and that they will have no say whatever about their own future, no matter how excellent their qualifications may be.
  - f. The general atmosphere of "temporariness" which is prevalent over the whole country affects medical students also and tends to make them think that long-range career planning is futile.
10. Faced with such conditions only strong and resilient individuals are able to win their way through their difficulties and they are only able to do so by redoubling their efforts and putting all their energy into their work. It should be borne in mind that such exceptions are likely to be met with generally among the poorer rural and urban students, which element is so more resilient to hardship than are the middle classes (intelligentsia).
  11. Another obstacle to the achievement of a high standard of knowledge is created by the "wire-pulling" indulged in by certain candidates for places in medical schools. It is known that a candidate admitted to an academy through "wire-pulling" is not always one of the most able ones. One may presume further that such a candidate intends to "float through" his studies with the help of his "wires". So these methods of selection permit the young student to take up a peculiar attitude towards his professor, whom he is at liberty to attack at political meetings as a reactionary or even as an enemy of the regime. A student "politically enlightened" and with "backing" may easily come to develop the point of view which decides that: "No matter what I do, the professor cannot harm me, because he is afraid of me".
  12. Another cause of the lowering of the standard of lectures and a free approach to studies is that the number of professors, lecturers and assistants who really are men of university standing, by western standards, is gradually and steadily declining. Their places are taken frequently by pseudo-scientists, nominated to their posts exclusively because of their political loyalty.
  13. Thus we come to the question of whether scientific personnel and especially professors of medicine are subordinated to the Party and to the UB in the fulfillment of their duties and also of how that subordination works. 25X1  
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 the position of professors is as yet fairly strong. The Party and the UB do not exert open pressure on the examiners to say that a student has passed when he may as yet lack adequate knowledge, nor do they exert pressure on the professors to refuse to pass a student on to the next year of study without justification. It would be folly for the UB or the Party to use professors and to have to disclose which pupils are agents of the security apparatus, when the State has at its disposal endless means of forcible persuasion and blackmail. There may be sporadic cases of intervention by regime dignitaries concerning individual students, but there is little chance of steady blackmailing of the professors.
  14. The fairly secure position of the pre-war scientists is naturally stimulating the regime to try to replace them with new vintage cadres, including men trained on courses in the USSR. The candidates selected to study in Russia are able and politically trained young students of senior years. The Party decides that they are to continue their studies in Soviet Russia where they can avail themselves of many facilities (accommodation, full board, a very high standard of scholarship, tuition in foreign languages, etc.) After a time, usually one to two years, those students return to Poland to take up scientific posts and they are earmarked for speedy advancement.

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15. As regards the curriculum of lectures and their sovietization it must be admitted that professors are greatly hampered and also put under considerable pressure. No professor or assistant lecturer today may get out of quoting Soviet scientific authorities; he must welcome his "colleague from the Soviet Union, who will be gracious enough to hold a lecture in Russian for the benefit of Polish doctors and medical students." One must admit, however, that Soviet Russia is sending to Poland eminent scientists at the present time and that, in spite of a keen sense of criticism displayed by the Polish audiences, they will not allow themselves to be caught out in scientific mistakes or weaknesses.
16. Several days after his final examinations a graduate who has obtained his diploma receives his orders (skierowanie), i.e., an appointment to a position. On a specified day the young doctor is called before a large appointments commission. It consists of the following persons:
- a. Members of the Council of the Faculty (medical or dentistry) appropriate to the given Medical College.
  - b. The Chief of the Voivodship Health Department.
  - c. The "political-social executive" (czynnik polityczno-społeczny).
  - d. A Youth delegate (delegat młodzieżowy).
  - e. A representative of the Ministry of Health who acts as chairman of the commission.
  - f. The president of the medical college.
  - g. (In the Gdansk area) the Director of the Maritime Health Office.
17. The commission proposes a pre-selected place of work and the part played by the doctor concerned is limited only to expressing his agreement, because his posting has been decided upon earlier by a special student party cell. This cell is under the leadership of the so-called "delegat młodzieżowy" (Youth delegate) who, in reality, alone decides where a graduate is to be posted. This delegate is in close touch with the following:
- a. The Cadre Department of the Ministry of Health.
  - b. The Voivodship PZPR Committee.
  - c. The Command of the Military Health Service.
  - d. The headquarters of the Service to Poland (Sluzba Polsce) organization.
18. The posting to a pre-selected place of work is for a period of five years. After this time the posted doctor is permitted to work in a place of his own choice. The chance of being able to change one's appointment is very slight. Formally, the change may only be made at Ministerial level; however, it is easier to court the favors of the Youth delegate. [ ] cases where appointments were changed by the decision of the local, voivodship, Party or UB authorities. 25X1
19. The appointments may be either to a civilian or to a military health service. The doctors are allocated accommodation in the place to which they are posted. The conditions of work vary according to the place; salaries are based on the official scale, without major deviations. Women doctors are entitled to receive a posting to the same place where their husbands are employed.
20. Recently there have been some difficulties in the distribution of dentists in the Gdansk voivodship. This arose out of the inadequate number of dental clinics and may be the cause of the temporary suspension of appointments for dentists.

Doctors in the Army, in Paramilitary and in Service to Poland Organization

21. Army doctors are recruited from among the following:

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- a. Students of the medical faculty of the Military Medical College (Marie Curie Sklodowska) in Lublin.
  - b. Civilian students who have been called up for Army service before obtaining their diploma.
  - c. Army students, directed to medical studies at various medical colleges.
  - d. Doctors, called up for the army, and not subject to postings.
  - e. Persons posted to their situation by order (nakaz pracy) and subsequently called up for military service.
22. Only students with an unblemished political record are called up for the army. Usually doctors who have disclosed their past connection with the Home Army (AK) or some other non-communist underground organization are not in the least likely to be called up for the Army. Politically less trusted doctors may be posted to the Service to Poland Organization.
23. Doctors posted to the army after the completion of their studies must undergo several months' training in military medicine. Formerly such courses were given in Łódź and took two months each; now they have been extended and take place somewhere in the voivodship of Poznań. The program of study includes orthopedic surgery. Officers who are posted to medical studies must also undergo a period of army training in camp from time to time during their studies, which includes field drill among other things.
24. After completing the above additional training in military medicine a doctor is granted the rank of Lieutenant and is appointed to an army hospital or unit. The military authorities usually ask him in which branch or locality he would prefer to work and thus discover where not to send him.   observation borne out and confirmed by various doctors posted to small naval units which were far from their personal choice. 25X1
25. In some military hospitals and units doctors are allowed to engage in additional work in the civil Health Service. In this manner something is done to supplement the local shortage of doctors.
26. It is practically impossible for a doctor to obtain a release from the army at his own request. I know of some cases where several years' endeavors in that direction all ended in failure. Doctors who have served in the regime army are never allowed to work in civilian sea ports owing to the opportunities there for contact with crews of foreign ships. This might explain why doctors who are permanently employed by the Merchant Marine Health Service are released altogether from military service.

Training of "Felczerzy" (nearest English equivalent is "male district nurse")

27. Male Nurse training takes place in three-year "felczerzkie" schools and "liceums". Among other places there are such schools in Gdansk and Szczecin. It is of this type of school that the authorities send candidates for medical studies who are refused admission to medical colleges for political indifference. These pupils are given assurances that if they show ability and diligence they may be allowed to continue their studies in a medical college and may eventually become doctors. In addition pupils of "felczerzkie" schools include middle grade personnel of the health service (Nurses, sanitary inspectors, etc.), as well as medical students who have not completed their studies. Some of them are sent, as exceptions, to one and one half year "accelerated" courses. "Felczerzy" are to form the temporary, subsidiary element of the Health Service until such time as sufficient numbers of doctors will have been trained.

Training of Nursing Personnel

28. Since quite recently nurses have been trained in schools for qualified nurses (courses lasting 2 1/2 years), schools for junior nurses (usually one year's course),

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and Polish Red Cross courses (lasting several weeks). The standard of training acquired by non-fully trained (przyuczone) nurses in the schools or courses was low. The amount of further knowledge they acquired depended largely on the graduates of these schools and courses themselves, since it was their professional work which gave them the opportunity they required to extend and widen their experience. Training at the School for Junior Pediatric Nurses (Szkoła Młodszych Pielęgniarek Pediatricznych) in Gdansk lasted one year. The general education which the students acquired was something between the elementary school and junior high school certificate level.

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29. The intellectual standards of the pupils was very uneven. Lectures were given by doctors and teaching nurses. The pupils underwent practical training in clinics and hospitals. Apart from the general basic training in nursing the pupils were given comparatively very little specialized instruction in child nursing.
30. At present (March 1953) the authorities have begun to do away with the grade of Non-fully trained nurses (pielęgniarki przyuczone) and, according to a statement made by the Minister of Health, this category is to be wholly eliminated from the Health Service by the end of the 6-Year Plan. Some of the present non-fully trained nurses are to undergo additional training and they will have to pass their diploma examinations at dates strictly observed. It is not easy to pass the State examinations, and to a large extent admission is regulated by the opinion issued by the so-called "social-political factor". From among those who are admitted, only some of the junior nurses succeed in passing their finals. It seems likely, therefore, that the limit of the number of nurses required has been reached, and the authorities are now beginning to make a selection in quality and to eliminate inferior elements.
31. Schools for registered nurses and maternity nurses are usually attached to medical colleges. On the whole the vocational training and general education of the nurses is adequate, but the nurses' outlook from the ethical point of view leaves a great deal to be desired. Many nurses lead a life akin to prostitution even while training and they are often invited to work for the UB. These proposals, and a way of life of easy habits, become especially typical after the nurses have obtained their diploma, at a time when they are anxious to secure the best possible appointment and also when they begin to feel that they are independent individuals whose private life is nobody's business. It is always a worry when hiring a nurse officially appointed to a hospital because one can never be sure of her political views nor of her morals. Such misgivings are justified in view of the frequent cases where nurses are discovered to be practicing prostitution, working for the UB, and are found to be lacking in conscientiousness in the fulfillment of their professional duties.
32. Nurses are strictly registered and, like the doctors, are placed at the disposal of the Cadre Section of the Voivodship Health Office. There are strict orders forbidding the employment of maternity nurses as ordinary nurses. Apart from being registered with the Voivodship National Councils, all nurses are registered by the army and have postings to one or another of the basic departments of the Military Health Service.

#### Training of Rescue teams attached to Places of Work

33. Official plans envisage the creation of a specified number of rescue teams trained in first aid, antiaircraft defense, and in dealing with sanitation and epidemic problems. They are to be organized at every major place of employment. Courses are organized for selected workers of each institution and are given by the Polish Red Cross through their regional instructors. The lectures are given by doctors, nurses and instructors. The number of teams thus attached to establishments is kept secret. Until March 1953 there were eight such teams in the port of Gdansk. The Health Service is supposed to give every assistance in this campaign.

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Rural Maternity Sickbays (Wiejskie Izby porodowe)

34. Despite the great initial prejudice of the population, this institution is growing more and more popular. It is run by the maternity nurses and trained assistants. The delivery rooms only deal with cases of normal childbirth. Now their number has greatly increased and by the end of the Six-Year Plan they should be in a position to cope with the requirements of and supply professional assistance to every prospective mother in rural areas.

"Stacjonary" (a neologism - no equivalent in English)

35. The government's plan envisage the merging of medical treatment in and out of hospitals (połączenie leczenia otwartego z zamkniętym). This really means that sick-bays are to be attached to all existing Health Centers. This is meant to relieve pressure on hospitals and also to familiarize the people with the idea of hospitalization. Should these plans be realized a larger number of bed patients could be accommodated without the necessity of increasing medical personnel. Moreover, doctors in charge of Health Centers are very anxious to have this plan realized because they are paid higher salaries than hospital doctors and yet they would then have contact with their patients in conditions resembling hospitalization.
36. This plan has not been thought out sufficiently from the technical point of view. Difficulties are likely to arise, not only from the lack of accommodation, although sections of outpatients departments which are of doubtful practical value could easily be liquidated or contracted, but also as to who will organize the administrative side of it, i.e. pay for the cost of feeding, laundry, etc. Two possibilities have been taken into consideration: the costs will devolve either on local industry or on the Ministry of Health. Should the burden be placed on local industry, there would be complete chaos as regards the organization of the new sick-bays, because the various places of employment could only be made to pay for their own workers who happened to be laid up. On the other hand, it is not possible at the moment to place the burden on the Ministry of Health, for lack of an adequate sum in the budget. Moreover, the deterioration of the food situation presents a serious obstacle to the execution of this plan.
37. Even the Maritime Health Office has failed to realize this plan, despite very energetic endeavors and extensive opportunities regarding accommodation. [redacted] only a few sick-bays (izby chorych, known as "stacjonary") have been opened in the whole of Poland. In present circumstances such a plan could only be realized if the medical services were divided departmentally (resortowy podział leczenia) with the Ministry of Health acting as the professional co-ordinator.

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